MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937.452 FILING DATE 9-07.04

APPLICANT(S)

9/07/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		3		3			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		0		1			72						
23		0		1			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		0		1			80						
31		0		1			81						
32		0		1			82						
33		0		1			83						
34		0		1			84						
35		0		1			85						
36		0		1			86						
37		0		1			87						
38		0		1			88						
39		0		1			89						
40		3		3		1	90						
41		3		3			91						
42		3		3		1	92						
43		1		1		1	93						
44		1		1	1		94						
45	1		1			1	95						
46		1		1		1	96						
47		1		1		1	97						
48		0		1	1		98						
49	1		1			1	99						
50							100						
TOTAL IND.	3	←	3	←	4	←	TOTAL IND.		←		←		←
TOTAL DEP.	53		53		20		TOTAL DEP.						
TOTAL CLAIMS	56		56		24		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS